

MDPB Minutes November 28, 2001

Members present:, J. Burton, E. Smith, D. Ettinger, S. Diaz, K. Kendall, B. Callamore, D. Stuchiner

MEMS Staff: J. Bradshaw

Regional Coordinators: J. LeBrun, Bill Zito, Rick Petrie, B. Dunwoody

Guests: P. Marcolini, J. Regis

Item	Discussion	Action	Follow-up
Previous minutes: 09/19/01	none	Adopted	None.
<u>Old Business</u>			
1. Legislative Update	Bradshaw: legislature is out of session.	None	Non
2. Protocol Revisions and New Book	Discussion included proposal revisions by MDPB		
A. Narcan dosing	A hospital has had difficulty in securing 2mg vials and has access only to 0.4mg vials – should the dosing change/protocol change? MDPB discussion entailed dosing and indications for narcan.	Leave narcan protocol as is. No change to policy other than to allow lower dosing on an “as needed” basis for services unable to acquire typical vials.	None.
B. Valium Via ET	Valium has been excluded in latest ACLS revision for ET route. Discussion included comment that this route rarely utilized in past. Data is unclear and unreviewed.	Exclude ET route for Valium.	Burton will edit protocols.
C. Nebulized Epinephrine for croup	A croup protocol was presented by Diaz and Burton. The group discussed dosing and distinguishing croup from other airway emergencies. This protocol, similar to others, will have an educational component.	Protocol approved for use by Maine EMS. No dissention.	Protocol will be added to new book.
D. Paramedic interfacility transfer reference	Paramedics interfacility transfer definition in the protocols was reviewed. This has been updated by Diaz and Petrie.	Changes accepted as presented.	Changes will be made in the new protocols.

E. Behavioral emergencies	Recent black box warning by FDA addressing Droperidol use has forced physicians to revisit antipsychotic treatment with Droperidol. This changed group to no longer support droperidol use currently for protocol proposal. No other alternative at this time.	Smith has withdrawn proposal for behavioral emergnecies.	None.
F. COPD O2 administration	Discussion addressed O2 administration and dosing, particularly to COPD patients and the danger this may represent to selected patients. A group of physcians has asked the MDPB to review – Dr. Ettinger reviewed these concerns. Multiple elements were discussed including protocol changes, education, prevalence of the problem, morbidity/mortality associated with the problem and strength of causal links.	Group concluded discussion with plan to promote this issue as an educational element for providers. Occurrence of these events is small and morbidity is often difficult to clarify in sentinel events. Sinle actions at the protocol level would likely create more problems than the current apparent prevalance of this concern.	Burton will address letter to group of physicians indicating the discussion at the MDPB and plan for action at the education level as well as plan to continue to survey occurrence of this concern.
3. Cspine protocol	Burton discussed QA plan and education for program. Lebruune pointed out problems with educational references. The discussion focused on desire for spine protocol education to focus on protocol itself, not basic of spine anatomy and assessment. There is doubt as to current educational information as to being sufficient for the protocol. Members were asked to review current texts and make recommendations for supplemental text to cover spine basics.	Group will review QA form at nextmeeting.	Burton will continue work on QA effort. <u>Item for December agenda.</u>

<p><u>New Business</u></p> <p>1. IO FAST1 Study</p>	<p>Results of FAST 1, IO study were reviewed. This involved 12 months of work and integration with Medcu. Despite the length of the study, there were only 8 uses of device. Device success rate was 50% with a relatively negative view by providers – concerns included quality of devices – a number of problems encountered seemed to be due to poor quality or design, training, need in cardiac arrest patients who are generally easy to obtain IV, and dramatic effects of the IO procedure to the sternum.</p>	<p>Burton expressed no desire to implement or approve the device system-wide for Maine EMS at this time. There may be selected services where this would be appropriate – helicopter, for instance.</p>	<p>None. Burton will pursue means for dissemination of study findings.</p>
<p>2. Samoset Conference.</p>	<p>Successful conference and mdpb/Maine EMS appearances. No major issues discovered, excellent interaction with providers.</p>	<p>None.</p>	<p>None</p>
<p>3. OTC medication policy for transports between facilities.</p>	<p>An interfacility group has asked Burton to clarify the OTC med policy. Group discussed the historical issues and practice in this setting: patients are generally asked to self-administer their own OTC meds on these transports. The group expressed reservations regarding implementation of a formal OTC protocol.</p>	<p>Burton will communicate this discussion to outside transfer group. No further action.</p>	<p>None.</p>

<u>Other Business</u> 1.Decert/recert/cert	AG position statement distributed at meeting.	Group will review and discuss at next meeting.	<u>Item for December Agenda.</u>
Next meeting 12/19/2001 (0930 - 1230)			
